

# Haematological Malignancy Diagnostic Service

Level 3 Bexley Wing, St. James's University Hospital, Beckett St. Leeds LS9 7TF  
 Tel: 0113 2067851 FAX: 0113 2067883

Use Addressograph If Available (ON REQUEST FORM ONLY)

Please Complete ALL Sections:

Surname:	Forename(s):		
NHS number:	Patient number:		
Date of birth:	Male / Female:		
Referring hospital:	Consultant:		
Is this a Danger of Infection (DoI) sample?	Yes / No	Previously investigated by HMDS?	Yes / No

**At Least 3 Points of Identification Are Required**

**Please Label Forms and Sample(s) Adequately**

**Please Attach DOI Stickers For High-Risk Samples**

Specimen type(s):	Sample ref:	
Who should this report be returned to?		
Clinical details: MUSCULOSKELETAL DISORDER B-cell monitoring RA [ ] SLE [ ] Wegeners [ ] Other [ ] Before 1st Rituximab [ ] Before 2nd rituximab [ ] After rituximab (please state date last dose): After other Rx (please state Rx and date last dose):		
Specimen sent by:	Contact details:	
Date / Time of sample:		

For Laboratory Use Only		
Date & Time:	Initials:	HMDS Error Code
Contents:		
Gross Description:		